PRAIRIE HEALTH CARE CENTER
1505 EAST BRUNSON STREET

PRAIRIE DU CHIEN 53821 Phone: (608) 326-8471		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/02):	91	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/02):	97	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/02:	68	Average Daily Census:	77
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %				
Home Health Care	No			Age Groups	%		22.1
Supp. Home Care-Personal Care	No					1 - 4 Years	39.7
Supp. Home Care-Household Services	No	Developmental Disabilities	2.9	Under 65	5.9	More Than 4 Years	38.2
Day Services	No	Mental Illness (Org./Psy)	25.0	65 - 74	7.4		
Respite Care	No	Mental Illness (Other)	1.5	75 - 84	38.2	1	100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	33.8	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.7	Full-Time Equivalen	ıt
Congregate Meals	No	Cancer	7.4			Nursing Staff per 100 Re	sidents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	33.8	65 & Over	94.1		
Transportation	No	Cerebrovascular	14.7			RNs	7.3
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	14.9
Other Services	No	Respiratory	2.9			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	11.8	Male	27.9	Aides, & Orderlies	44.2
Mentally Ill	No	1		Female	72.1		
Provide Day Programming for		1	100.0			I	
Developmentally Disabled	No	1			100.0	I	

Method of Reimbursement

		edicare			edicaid itle 19		Other		Private Pay		Family Care			Managed Care						
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	ojo	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	o\o	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	1	100.0	212	44	74.6	96	0	0.0	0	8	100.0	128	0	0.0	0	0	0.0	0	53	77.9
Intermediate				15	25.4	80	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	15	22.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		59	100.0		0	0.0		8	100.0		0	0.0		0	0.0		68	100.0

PRAIRIE HEALTH CARE CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/	31/02
Deaths During Reporting Period	1						
	1				% Needing		Total
Percent Admissions from:	1	Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	12.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	10.0	Bathing	0.0		69.1	30.9	68
Other Nursing Homes	7.5	Dressing	25.0		45.6	29.4	68
Acute Care Hospitals	67.5	Transferring	36.8		36.8	26.5	68
Psych. HospMR/DD Facilities	0.0	Toilet Use	32.4		39.7	27.9	68
Rehabilitation Hospitals	0.0	Eating	72.1		7.4	20.6	68
Other Locations	2.5	* * * * * * * * * * * * * * * * * * * *	*****	*****	*****	*******	*****
Total Number of Admissions	40	Continence		용	Special Treat	ments	8
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4.4	Receiving R	espiratory Care	5.9
Private Home/No Home Health	10.4	Occ/Freq. Incontinen	nt of Bladder	61.8	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	25.0	Occ/Freq. Incontinen	nt of Bowel	54.4	Receiving S	uctioning	0.0
Other Nursing Homes	4.2				Receiving O	stomy Care	1.5
Acute Care Hospitals	12.5	Mobility			Receiving T	ube Feeding	1.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	27.9	Receiving M	echanically Altered Diets	39.7
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Residen	t Characteristics	
Deaths	47.9	With Pressure Sores		7.4	Have Advance	e Directives	36.8
Total Number of Discharges	1	With Rashes		0.0	Medications		
(Including Deaths)	48				Receiving P	sychoactive Drugs	57.4
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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		Ownership:			Size:		ensure:				
	This	Non	profit	50	-99	Ski	lled	Al			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	00	%	Ratio	엉	Ratio	olo	Ratio	olo	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	78.7	86.5	0.91	83.5	0.94	83.3	0.95	85.1	0.92		
Current Residents from In-County	80.9	79.3	1.02	72.9	1.11	75.8	1.07	76.6	1.06		
Admissions from In-County, Still Residing	25.0	23.9	1.05	22.2	1.13	22.0	1.14	20.3	1.23		
Admissions/Average Daily Census	51.9	107.3	0.48	110.2	0.47	118.1	0.44	133.4	0.39		
Discharges/Average Daily Census	62.3	110.2	0.57	112.5	0.55	120.6	0.52	135.3	0.46		
Discharges To Private Residence/Average Daily Censu	ıs 22.1	41.6	0.53	44.5	0.50	49.9	0.44	56.6	0.39		
Residents Receiving Skilled Care	77.9	93.2	0.84	93.5	0.83	93.5	0.83	86.3	0.90		
Residents Aged 65 and Older	94.1	95.7	0.98	93.5	1.01	93.8	1.00	87.7	1.07		
Title 19 (Medicaid) Funded Residents	86.8	69.2	1.25	67.1	1.29	70.5	1.23	67.5	1.29		
Private Pay Funded Residents	11.8	22.6	0.52	21.5	0.55	19.3	0.61	21.0	0.56		
Developmentally Disabled Residents	2.9	0.6	4.63	0.7	3.95	0.7	4.08	7.1	0.41		
Mentally Ill Residents	26.5	35.9	0.74	39.0	0.68	37.7	0.70	33.3	0.79		
General Medical Service Residents	11.8	18.1	0.65	17.6	0.67	18.1	0.65	20.5	0.57		
Impaired ADL (Mean)	47.6	48.7	0.98	46.9	1.02	47.5	1.00	49.3	0.97		
Psychological Problems	57.4	52.0	1.10	54.6	1.05	52.9	1.08	54.0	1.06		
Nursing Care Required (Mean)	7.0	6.8	1.03	6.8	1.03	6.8	1.03	7.2	0.97		